

DOCUMENT RESUME

ED 174 285

JC 790 463

AUTHOR Parsons, Michael H., Ed.; Powell, Allan R., Ed.
 TITLE Ethics and the Professions, Spring 1979.
 INSTITUTION Hagerstown Junior Coll., Md.
 SECNS AGENCY Council for Philosophic Studies.
 PUB DATE 30 May 79
 NOTE 74p.
 EDRS PRICE MF01/PC03 Plus Postage.
 DESCRIPTORS Accountability; Business Responsibility; Codes of Ethics; Community Colleges; Copyrights; Counseling; Economics; *Ethical Values; *Ethics; Health Personnel; Humanities Instruction; *Junior Colleges; Mathematical Logic; Moral Issues; *Moral Values; Nursing; Postsecondary Education; Reprography; Social Science Research; Technological Advancement

ABSTRACT

Faculty members from Hagerstown Junior College present eight position papers discussing ethical issues in their various disciplines. Ralph Chapin reports on the impact of the recent federal copyright law and how it affects library and media personnel who must deal with and evaluate duplicated written materials, films, and recordings. E. Walter Clark discusses ethics, logic, and the structure of mathematics. An economics professor, Ray Johns, points out a series of business concerns frequently misconstrued as ethical problems and identifies economic freedom and security and anonymity in business transactions as pivotal ethical issues. Ethical issues facing health workers, particularly nurses, are the topic of the paper presented by L. Elizabeth Misner, and the rights of clients and therapists in a counseling situation are discussed by Marie Nowakowski. Allan Powell presents three brief examples of ethical violations in the study of human subjects in social science research. Robert Stenger addresses issues of moral concern posed by the use of chemicals in food production, distribution of world resources, energy consumption, and biological research. The concluding article, by David Winfrey, discusses the ethical and moral dilemmas faced by teachers in the humanities. (DR)

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ETHICS AND THE PROFESSIONS

SPRING 1979

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Hagerstown Junior College

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VISITING PHILOSOPHER PROGRAM

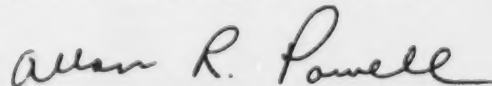
A major question confronting American society in the 80's will be the ethical stance taken in the various professions. The Watergate scandal, the Bert Lance conflict-of-interest case, and the current concern over extravagant oil company profits point to the importance of an ethical frame of reference for decision making.

Under a grant from the Council for Philosophical Studies, Hagerstown Junior College sponsored a Workshop on Ethics and the Professions. Dr. Thomas Beauchamp, a visiting philosopher from the Kennedy Institute of Ethics, Georgetown University, gave a keynote presentation detailing current ethical issues including bioethics, abortion, human experimentation, corporate responsibility, and ethical issues in social science research. Faculty members from Hagerstown Junior College prepared position papers on ethical issues in their various disciplines. The College sponsored a public forum where the community interacted with the College in discussing these ethical situations.

The purpose of this publication is to further the cause of ethics in contemporary society. The papers that are included eloquently state the case for the development of an ethical stance. We encourage those who read these papers to use them in developing a personal ethical stance.



Dr. Michael H. Parsons
Dean of Instructional Affairs



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May 30, 1979

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ETHICAL ISSUES OF CONCERN
TO
LIBRARY AND MEDIA PERSONNEL

Ralph Chapin
Coordinator of Audio Visual Services
Hagerstown Junior College

April 3, 1979

Since the revised copyright law went into effect in January, 1978, many Library/Media people have felt an urgent need to assess usage of print and non-print material. The law pertains to almost every facet of our operations because we purchase, loan and often produce materials used by students and faculty.

The law itself leaves much unsaid and is really in a five-year test period which will open it for question and revision at that anniversary date.

This law, then, is a primary concern of ours. Since it is an extensive document, I have limited the areas of discussion to two points.

The first is related to the technical advances made in the media area which enable us to reproduce and distribute works that are original or copyrighted. Our dilemma becomes one of deciding according to the law, what can or cannot be copied. The actual problem is the fact that in the past, educators often felt that what was used in the classroom or for research could be copied indiscriminately.

The second point refers to Section 107 of the new copyright law which is "Limitations on exclusive rights: Fair Use". Fair use generally applies to "...reproduction (mostly by photocopying) of copyrighted material for educational and scholarly purposes."¹

Several other issues have come to my attention recently through the mail. One area of concern came from the National Film Distributors Association, Inc. They corresponded directly to the presidents of colleges and universities across the country about abuses in usage of rental films. Their concerns are

- a. false reporting of box office receipts,

¹Explaining the New Copyright Law (Washington, D.C.: Association of American Publishers, 1977).

- b. multiple projection greater than agreed upon,
- c. misrepresentation of usage,
- d. reproduction onto videotape.

Another area of concern is from an article in EPIEgram, a consumers' newsletter, that I receive on a regular basis in my office. The article is entitled "Ethics in Educational Buying and Selling." This article relates information concerning the identification and arrest of people involved with 19 offices in a \$200 million-a-year illegal recording industry. Part of the problem, as the author sees it, is educational institutions not being aware of the legitimacy of their purchasing sources. The reason they are concerned is that "illegal operations . . . no longer operate furtively . . . but . . . through regular retail outlets."² Therefore, purchasers are not necessarily informed about such problems.

They defined three terms, all of which demonstrate their concern about black market media. The first, "piracy . . . is illegal duplication of copyrighted tapes or films. Counterfeiting refers to piracy in which the label, trademark, and packaging . . . are also duplicated. Bootlegging is the word for selling illegal recordings of live or broadcast presentations."³

Here at Hagerstown Junior College our dilemma is to choose our vendors as wisely as possible or at least be aware of great discrepancies on bids or estimated prices. This will then insure that our final judgments will be as ethical as possible according to standards we are attempting to follow in the new law.

These are a few of the issues with which we as library and media people need to

²"Ethics in Educational Buying and Selling" in EPIEgram, December 11, 1978, p.3.

³Ibid.

keep in touch. We see many of them each day while dealing with our jobs and with mail that comes across our desks. As we become more informed through resources like our professional publications and meetings, we hope to pass on the information to our colleagues.

REFLECTIONS OF A MATH MAJOR
UPON READING A TEXT IN ETHICS

E. Walter Clark
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April 3, 1979

All human reason begins in the same way: with axioms, undefined terms, and definitions. Even inductive reason is not immune from axiom, since subsuming the inductive process is the pre-supposition that observation is accurate, and that when every incident is observed, which is sometimes possible, the conclusion drawn is just as valid as that obtained by any deductive process.

Mathematics proceeds from its axioms in a simpler way than does ethics. In mathematics, what is regarded as true is regarded as totally true, and what is regarded as false, totally false, and great pains are taken in the formulation of its statements so that this may be the case. Things which are not so regarded are excluded from consideration. In ethics, seldom is anything totally good or totally bad. In this discipline there is accepted a degree of "good" and "bad" which is not accepted for the "true" and "false" of two-valued logic.

Involved in ethics is a classification and study of human values, with emphasis on relative importance among these values as they relate to more or less specific circumstances. A kind of quasi-quantification is implied in this, a non-numerical quantification. One would make no sense, for example, if he were to state that his hunger for food has an intensity of 3.051 hunger units and that he has \$3.22 to his name, so that at the moment he holds bodily values, as they suggest hunger satisfaction, 2.732 times as highly as he holds economic values, as they suggest retention of wealth. The degrees of good and bad, then, are usually non-numerical quantifications, and they are so because most of what they quantify is not numerically measurable in any sensible way.

In the structure of mathematics there is no concern with human values. What follows from its axioms must so follow under the strictures of formal logic, in which "relative importance" has no meaning. The only way to misuse correctly reasoned

mathematics is to delude by using false assumptions, stated or unstated, or to present its results in a misleading way. Both tactics are frequently used in argument from statistics. They are the politician's rules, in which the rules of reasoning are not violated. In contrast, the relative importance of values in ethical reasoning may be adjusted at any time in the process, as more factors are considered, to good ends or bad. In mathematical reasoning, there is not such thing to adjust.

The mathematician has a choice of axioms, as long as they are not contradictory, but after that there are no choices except those of methodology. In science, one may "question an axiom," but no one questions the formalisms of logic. The choices and questionings of ethics do not end with selection of basic assumptions and methods. Throughout the whole structure of ethical thinking there is imposed the influence of human circumstance and opinion, so that one reasons from a tentative set of conflicting axioms, and most of what follows involves the choices among them which provide a "greatest good." This conflict is necessary if it be accepted that there must exist a comprehensive enough base of options for the reasonable handling of every potential circumstance.

Once one has chosen an appropriate response to an ethical problem, then where is the conflict? Not within reasoning, only with others, who may have reasoned as well. The product of ethical thinking, then, cannot reflect necessary result, which comes inevitably from a body of assumptions, because choices among the assumptions remain throughout the process. In mathematics and in science, a change or addition of assumption creates a whole new logical enterprise, in which the results, though different from or additional to those of the system before such change, are just as inevitable, and just as unquestionable, as consequences of the definition of the substructure from which they arise.

It may be speculated that the architectonic divergences between two-valued logic and the "choice logic" of ethics is illusory, and that ethics can be resolved into a very complicated "yes or no" system. There is no mastery of it as such, as no general agreement that it can be so mastered, or even with a many valued system. In such speculations, of course, is the negation of the idea of ethics, since there can be no choices once the tenets of a rigorous system have been established.

Ethics does not arise from logic, it arises from those who create logic. The mind of man is not a logical consequence, its existence is a FIRST AXIOM. Much of what that mind is and does, then, is not explainable with a rigorous system. If one is to accept the idea of ethics, he must accept the idea of free will, of choice, an idea antithetic to rigorous system and necessary result. Man brings into the universe a measure of freedom to act upon it, and to act with other men. Insofar as the universe is a system without choice, and man is a being with choice, man transcends the world, and ethics exists.

ETHICS IN BUSINESS

Dr. Ray M. Johns
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April 3, 1979

Between Ralph Nader and William Buckley lies a minefield of issues concerning business ethics; and not the least of these is that each probably considers the other unethical. Never before in U.S. History has business been so regulated, investigated, castigated and generally held up for public ridicule by both the government and the press. Charges of fraud, theft, violence, pollution, corruption, and even homicide are made without fear of ridicule, concern for legal defense or expectation of laughter. American society is riding on a wave of anti-business discontent which reveals itself not only in a proliferation of liability suits but also in a myriad of speeches, articles, and TV programs -- all raising deeply felt questions about the ethics of business and business leaders.

Yet, consider a moment the circumstances giving rise to this outburst of criticism. Never before in U.S. history, or world history for that matter, has the business sector of a society produced such an abundance of goods and services readily available to the greater proportion of its population. Never before in history has a nation's economy been managed by such highly trained professionals nor has it been so open to scrutiny by the government, the courts, the press, the stockholders, and the general public. How is this contradiction possible? Are we being deceived? Is it all a public relations campaign? But we do live quite comfortably. Must we content ourselves with a little evil to enjoy a greater good. What are the answers? Or, more appropriately, what are the questions?

To wit: What are the current, ethical issues in business? What issues of right or wrong, with supporting evidence for either side, are characteristic of business operations. Given the current outpouring of material on business ethics, there should be a rich field for cultivated examination. Unfortunately, this is not the case. Much of the material under the banner of "ethics" does not involve issues of

moral right or wrong but instead are concerned with political, economic or social problems. These situations may indeed need to be resolved but are not ethical issues. For purposes of clarification, several of these issues will be examined in order to clear the field for the consideration of genuine ethical problems.

Private property is not an ethical issue. It is a political and economic choice. The merits of private property were first set forth by Aristotle in the Fourth Century B.C. and have been debated ever since. Private property is neither inherently good nor inherently evil. It is merely an organizational device to allow humankind to fulfill their inclination to acquire and be different. Marx suggested that eliminating private property would eliminate the root cause of crime, poverty, and war. Various Marxist states have eliminated private property with no apparent relief from either criminal activity, low standards of living, or national aggression.

Profits and the profit motive are often raised as the culprits for unethical behavior. But in a market economy profits are merely an income payment for those individuals or businesses that take the risk of organizing production, inventing new technology and developing new products. Will and Ariel Durant in their book The Lessons of History state "The experience of the past leaves little doubt that every economic system must sooner or later rely upon some form of the profit motive to stir individuals and groups to productivity." One could then raise a question about high profits. But how high is high? How does one equate risk against return? Such judgments baffle even the most critical economists. And if one is to criticize high profits as unearned, then logically the same condemnation must be leveled at high wages, high interest rates and any other form of income payment. It is always someone else's income that is too high, never our own. A political and economic dilemma perhaps, but not an ethical one.

Pollution, false advertising, price fixing, conflicts of interest, bribery and other problems have been raised as ethical issues. They indeed are problems requiring solutions but do not directly involve dilemmas of right and wrong. Certain business practices are clearly wrong. The dilemma concerns the proper solution to the problem and not a fundamental ethical conflict.

If these matters can be eliminated as ethical issues, then what is the basis of concern? Is it all smoke, noise and confusion that will drift away for lack of substance? No, decidedly not. There are critical ethical issues besetting the business world; but political and economic crises, ideological disputes, and problems arising from current circumstances need to be set aside in order that central issues may emerge.

Economic Freedom and Economic Security

One critical issue, an issue that many secondary ethical dilemmas are related to, is a primary moral conflict between economic freedom and economic security. Usually this means trading away another's freedom for one's own security. As Americans, the dilemma of taking another's freedom in order that we may enjoy an easily justified sense of security is a frustrating proposition.

The ethical dilemma involving freedom and security is of long standing and must be struggled with anew by each generation. Two hundred years ago, when the great ideas of individual economic freedom were fermenting in the minds of thinkers such as Locke and Smith in England, Cantillon and Quesnay in France, and Jefferson and Franklin in America, there was a prevailing thought that the economic security they enjoyed under powerful government control was oppressive both to individual potential and national production. Therefore, they conceived a system whereby individuals, both consumers and producers, would have sovereignty over their own

economic affairs. Consumers would have the power and freedom to sell their productive resources in an open market and purchase the goods of their choice. Likewise, producers were at liberty to organize resources and manufacture products for sale at their own risk. A new order in economic affairs emerged and came to full flower in the United States of America. But it was a rough and tumble system where everybody had to look out for themselves. The loss of security was the price of freedom. Caveat Emptor -- "the buyer beware". An adversary relationship was built into this system -- between consumer and producer, between employer and employee, between lender and borrower, and between buyer and seller. It was a wonderful and a ghastly system, filled with the worst of uncertainty and the best of expectations. Fortunes could be made or lost -- by anyone, not just a privileged few. It unleashed a powerful engine of economic progress that benefited many and ground under those who could not compete.

But it was a system with problems and a system that revealed problems. Change was the order of the day. Each generation had to cope with the injustices and problems created and revealed by this open economic struggle. Slavery and the manor system of the South were in conflict with the basic freedoms of this system and, through a horrible Civil War, were discarded. The assimilation of immigrants and the exploitation of labor gave rise to unions and collective bargaining. The growth of monopolistic power yielded government policies to reduce and control the concentration of economic power. The recurring business cycle and the Great Depression gave rise to Social Security, unemployment insurance, agricultural price supports and other measures as a safety net for severe contractions in the economy. Nevertheless, the economy continues to grow and change raising new problems to solve.

We are beset anew with this perennial dilemma between freedom and security.

Inflation, energy use, and technology with incomprehensible implications are the issues today, but the basic dilemma remains the same. Wage and price controls offer a simple solution to security but only at the expense of economic freedom. Low gasoline prices would make us feel secure, but rationing and the loss of choice must be accepted as a trade-off. Nuclear energy, electronic surveillance devices, computer storage of private information, and cloning are terrifying. But to stop technological progress for the sake of security is a choice we hesitate to make.

There are no easy solutions. We have cast every which way for them, hoping for a miracle. This generation does not want to face this ethical dilemma any more than previous generations wanted to face the issues of slavery, labor violence, monopoly regulation, or the Great Depression. But it is our dilemma to bear and resolve.

Anonymity of Business Transactions

A second ethical dilemma evolved from the growth of business firms into large national organizations. Responding to an expanding market and improvements in transportation and communication, what were once local and regional firms grew to serve markets across the entire nation. Products became more complicated as labor-saving devices, gadgetry, and motors were added to every conceivable human operation from brushing teeth to mowing the lawn. The consumer benefited from a greater variety of more sophisticated products mass-produced in efficient assembly line operations. But something very important was lost -- the face-to-face contact between producer and consumer. Today both parties look upon the other with deep suspicion across a chasm of misunderstanding.

The central ethical issue is the anonymity of business transactions. Many complaints regarding business ethics are related to this problem with a simultaneous frustration by both producer and consumer that these complaints cannot be resolved. The people who design, assemble and distribute products are well-intentioned in their attempt to provide consumers with a dependable product at a fair price. It is in their best interest to do so. Likewise, the consumer is not malevolent toward business but only wants a product that does what it is supposed to do for a reasonable length of time. Why can't these two groups of well-meaning people cooperate in their mutual interest? Why must consumers turn to the courts and government regulation? Why must producers bear ever-rising costs for liability insurance, litigation and government regulation that causes them to charge higher prices and become more confused about what the consumer wants. Both sides lose. How did this problem of the anonymous "us" versus "them" occur and how can it be resolved?

To understand this ethical issue or the range of ethical problems originating from the anonymity of business transactions, it is necessary to examine how the free enterprise economy was supposed to operate and where this malfunction developed.

This free market economy envisioned by economic thinkers such as Adam Smith and political practitioners such as Thomas Jefferson was to consist of small shops, factories and farms competing to provide local consumers with goods and services. The adversary relationship between producers and consumers was to be one of direct confrontation and open communication. The business sector of our contemporary economy mass-produces standardized goods to serve a national and oftentimes international market. Professional technicians design the products; professional managers organize the manufacturing process; specialized workers on assembly lines carry out the production; and an army of marketing experts, service technicians,

truck drivers and clerks finally deliver the product to the consumer. It is an anonymous process conducted by professional specialists and indifferent workers who each see only a small part of the process and who, except for a very few, never have contact with the consumer.

Is this an ethical issue? Some would say no -- business transactions are amoral and do not involve right and wrong, except perhaps in a legal sense. But business transactions by their very nature involve human relationships. There may be no other human activity that requires such a continuity and variety of human relationships as business transactions. Every day of their lives -- as consumers, as employees, as borrowers, as taxpayers, as investors, as commuters and in a host of other ways -- people are confronted with questions of right and wrong when conducting business transactions. Then how does one cope with this problem of anonymity? How can society regenerate a sense of personal individual responsibility into a vast nameless and faceless system of specialists?

Government regulation or government control of production is not the answer. By its nature, government is not only more anonymous in its processes than business but also it is more inefficient, arbitrary and politically motivated. To combine anonymity with inefficiency would merely create two problems from one. Why not rely on the courts? The judicial system is an effective way to deal with specific injustices, but it is inappropriate to regenerate an entire system. There is no quick or simple solution. To reinculcate a sense of individual responsibility in American culture and create means and manner for such attitudes to affect business transactions is a long-term task. But it is neither impossible nor is it a utopian proposition. Countries such as West Germany, Japan, and Israel have established such attitudes in their production and distribution system. With determination, the United States could do the same.

Choosing between economic freedom and economic security and grappling with anonymity in business transactions. It is not an easy agenda for this generation of Americans. From deep within themselves, individuals will need to grope for moral direction and for commitment to the unique American political economy that has accomplished so much for human progress in such a short time. Or perhaps this system of individual freedom, choice, and responsibility has run its course. If so, then the alternative is regimentation and mediocrity both in business operations and human relationships.

ETHICAL ISSUES IN HEALTH OCCUPATIONS

L. Elizabeth Misner
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Hagerstown Junior College

April 3, 1979

Ethical issues have existed since man took it upon himself to help man. Some of these issues have received much publicity. Two of these, the trial of a nurse in Baltimore who admittedly "pulled the plug" of three patients on respirators and locally, the opening of Hagerstown Reproduction Services, Incorporated (offering abortion services), are just examples of the types of ethical issues that are receiving notice in the papers of today. Because these issues have been greatly debated the writer has elected to focus this paper into three other areas:

1. the general categories of ethical issues facing health workers,
2. the American Nurses' Association Code of Ethics as a basis for making ethical decisions, and
3. the steps necessary in making an ethical decision.

The literature used in this article is basically nursing but the writer feels that it can be applied to all health occupations.

Allen (1974), after analyzing the results of a study of the ethical problems in nursing, identified three types of problems for nurses:

1. to whom the nurse is responsible,
2. what course of action to take while knowing what should be done, and
3. what can be done about unsatisfactory nursing care.

Kozier and Erb (1979) divided the problems faced by the nurse into five broad areas:

1. internal conflict between the nurse's personal values and his/her professional role,
2. problems that arise between health workers,
3. conflict between the patient and/or his/her family, and the health worker,
4. dissension between the health worker and the employing agency, and

5. lastly the question of conflicting responsibility.

When the health worker knows what should be done but acts differently because of his/her personal values, an ethical problem could result. The American Nurses' Association Code of Ethics (1976) states:

"The nurse provides services with respect for the dignity of many, unrestricted by considerations of nationality, care, creed, color, or status."

In a survey conducted in March 1974 by Nursing '74 on Nursing Ethics they ask how many people found it difficult to give care to drug addicts, alcoholics, homosexuals, criminals, attempted suicides, very old people, welfare patients, and minority group members?

Of the 11,681 responses, 41 percent of the female nurses and 40 percent of the male nurses found it difficult to give optimal care to drug addicts. For the five areas that could be categorized immoral, the female nurse had a more difficult time and in the area of distasteful, the male nurses had a harder time. These feelings for types of patients could be based on the health worker's personal value system.

Another example where personal values are a consideration is in the teaching of birth control. If the nurse is opposed to all methods of birth control but the rhythm method, does he/she instruct the patient about IUD's and the pill or refuse to teach the material at all? In each of these situations the health worker knows what to do but personal values cause ethical conflict.

If the conflict is between another health professional and the health worker, the ethical course of action may not be clear. Pilferage has been blamed as one of the reasons for the high cost of health care. If the health worker observes a peer

taking a bottle of pills, should the taker be reported for stealing or should the situation be ignored? It may be easier to answer that question economically than ethically. Utilizing the results of the Nursing '74 survey, a conservative estimate of \$2,466,000 annual cost of pilferage was determined based on the wholesale cost of each admitted case of thievery as a one-time episode.

If the nurse calls the doctor to come see a patient and when he arrives the odor of alcohol is noticeable, should this be reported or not? If he leaves a drug order that is inappropriate, does this change the nurse's need to report the incident?

Conflicts between the health worker and the patient or his family often occur in the area of what to tell the dying patient. The family does not want the patient to know the prognosis and the nurse feels that better care could be given if the patient knew. The dilemma -- to tell or not to tell. If the nurse believes her primary responsibility is to the patient, can she function in a situation where the patient is uninformed?

If the patient confesses a serious crime to the nurse while he feels he is dying, does the health worker have a responsibility to report the crime? Does the concept of privileged communication apply? Legally, most states do not recognize the status of privileged communications for the nurse.

How should the health worker deal with sexual advances made by the patient?

Ninety-six percent of those responding to the Nursing '74 survey felt that sexual involvement with a patient while on duty was wrong. To 21 percent this act was a violation of the ethical standard of nursing. It is interesting to note that 74 percent felt that if the nurse were sexually attracted to a patient, the relationship should develop outside the hospital or work environment.

Both the nurse's professional and personal ethics can be in conflict with the employing agency. Issues in this area may have as their only resolution the resignation of the health worker from her place of employment.

The hospital policy requires that a clergyman be called for all dying patients.

The patient states specifically that he does not want a minister near him. The issue -- to call or not to call.

If the agency requires a narcotic count at the end of the shift and no overtime is allowed, do you forge the count or omit the surgical dressing or changing the soiled bed?

The last area identified by Kozier and Erb (1979) is that of conflicting responsibilities. Maybe the old adage "to thine ownself be true" applied in these circumstances. The conflicts here may be between the health worker, his/her employer and the patient. The nursing supervisor requests an injection of antibiotic from the hospital supply of stock drugs. What should the nurse do?

The physician asks the nurse to "misplace" the charge slip on a CAT scan because the patient does not have insurance. Should this be reported or should the request be followed?

Does the hospital have the right to ask the nurse to participate in research studies without informing the patient of such studies?

These examples are just a few of the many ethical dilemmas facing the health worker in his day-to-day work experiences. How can a proper ethical decision be reached? In 1950 the American Nurses' Association adopted a Code of Ethics. The most recent revision of this code took place in 1976. This code provides the formal guidelines

for professional action. Each ethical situation is unique and the Code provides a frame of reference by which to judge ethical decisions. Although the Code is not legally binding a violation may subject the nurse to censure by her professional association (Sorensen and Luckmann, 1979). The basic tenet of the Code is that the nurse make ethical decisions in the interest of his/her patient and with full accountability to the patient. A copy of the Code for Nurses with Interpretive Statements by the American Nurses' Association is included at the end of this paper (Appendix I).

Even with this guideline the nurse must make his/her own ethical decision daily. Murphy and Murphy (1976) have offered a nine-step procedure for making ethical decisions. The things to do when confronted by an ethical dilemma include

1. identifying the health problem,
2. identifying the ethical problem,
3. stating who is involved in making the decision,
4. identifying the nurse's role,
5. considering as many possible alternative decisions as one can,
6. considering the long- and short-range consequences of each alternative decision,
7. reaching a decision,
8. considering how the decision fits into the health worker's philosophy of patient care, and lastly,
9. following the situation until the results of the decision can be seen and then using this information to help make other ethical decisions.

An ethical decision has more than one "right" answer. If the nurse utilizes a structured method of reaching a decision and it becomes necessary to defend that

decision, he/she will be better able to defend the decision and list valid reasons to justify the same.

Even when utilizing the nine-step procedure there is no such thing as an easy ethical decision. There is no right or wrong. Ethical dilemmas tend to be emotionally charged and emotions are not a good basis on which to make an ethical decision. The health worker needs to organize his/her thinking in order to reach a decision in accord with the Code for Nurses and the health worker's own personal values.

REFERENCES

- Allen, M. Ethics of Nursing Practice. The Canadian Nurse, 1974, 70, 22-23.
- American Nurses' Association. Code for nurses with interpretive statements. Kansas City, Missouri, 1976.
- Kozier, B. & Erb, G. L. Fundamentals of Nursing. Menlo Park, California: Addison-Wesley Publishing Company, 1979.
- Murphy, M. A. & Murphy, J. Making ethical decisions--systematically. Nursing '76, 1976, 6, 13-14.
- Nursing ethics the admirable professional standard of nurses: a survey report. Nursing '74, 1974, 4, 35-44.
- Nursing ethics the admirable professional standard of nurses: a survey report. Part 2: honesty, confidentiality, termination of life, and other decisions in nursing. Nursing '74, 1974, 4, 56-66.
- Sorensen, K. C. & Luckmann, J. Basic Nursing. Philadelphia: W. B. Saunders Company, 1979.

Appendix I

CODE FOR NURSES WITH INTERPRETIVE STATEMENTS*

CODE FOR NURSES WITH INTERPRETIVE STATEMENTS

1.0 The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 Self-Determination of Clients

Whenever possible, clients should be fully involved in the planning and implementation of their own health care. Each client has the moral right to determine what will be done with his/her person; to be given the information necessary for making informed judgments; to be told the possible effects of care; and to accept, refuse, or terminate treatment. These same rights apply to minors and others not legally qualified and must be respected to the fullest degree permissible under the law. The law in these areas may differ from state to state; each nurse has an obligation to be knowledgeable about and to protect and support the moral and legal rights of all clients under state laws and applicable federal laws, such as the 1974 Privacy Act.

The nurse must also recognize those situations in which individual rights to self-determination in health care may temporarily be altered for the common good. The many variables involved make it imperative that each case be considered with full awareness of the need to provide for informed judgments while preserving the rights of clients.

1.2 Social and Economic Status of Clients

The need for nursing care is universal, cutting across all national, ethnic, religious, cultural, political, and economic differences, as does nursing's responses to this fundamental need. Nursing care should be determined solely by human need, irrespective of background, circumstances, or other indices of individual social and economic status.

1.3 Personal Attributes of Clients

Age, sex, race, color, personality, or other personal attributes, as well as individual differences in background, customs, attitudes, and beliefs, influence nursing practice only insofar as they represent factors the nurse must understand, consider, and respect in tailoring care to personal needs and in maintaining the individual's self-respect and dignity. Consideration of individual value systems and life styles should be included in the planning of health care for each client.

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1.4 The Nature of Health Problems

The nurse's respect for the worth and dignity of the individual human being applies irrespective of the nature of the health problem. It is reflected in the care given the person who is disabled as well as the normal; the patient with the long-term illness as well as the one with the acute illness, or the recovering patient as well as the one who is terminally ill or dying. It extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, and the alleviation of suffering.

The nurse's concern for human dignity and the provision of quality nursing care is not limited by personal attitudes or beliefs. If personally opposed to the delivery of care in a particular case because of the nature of the health problem or the procedures to be used, the nurse is justified in refusing to participate. Such refusal should be made known in advance and in time for other appropriate arrangements to be made for the client's nursing care. If the nurse must knowingly enter such a case under emergency circumstances or enters unknowingly, the obligation to provide the best possible care is observed. The nurse withdraws from this type of situation only when assured that alternative sources of nursing care are available to the client. If a client requests information or counsel in an area that is legally sanctioned but contrary to the nurse's personal beliefs, the nurse may refuse to provide these services but must advise the client of sources where such service is available.

1.5 The Setting for Health Care

The nurse adheres to the principle of non-discriminatory, non-prejudicial care in every employment setting or situation and endeavors to promote its acceptance by others. The nurse's readiness to accord respect to clients and to render or obtain needed services should not be limited by the setting, whether nursing care is given in an acute care hospital, nursing home, drug or alcoholic treatment center, prison, patient's home, or other setting.

1.6 The Dying Person

As the concept of death and ways of dealing with its changes, the basic human values remain. The ethical problems posed, however, and the decision-making responsibilities of the patient, family, and professional are increased.

The nurse seeks ways to protect these values while working with the client and others to arrive at the best decisions dictated by the circumstances, the client's rights and wishes, and the highest standards of care. The measures used to provide assistance should enable the client to live with as much comfort, dignity, and freedom from anxiety and pain as possible. The client's nursing care will determine to a great degree how this final human experience is lived and the peace and dignity with which death is approached.

2.0 The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

2.1 Disclosure to the Health Team

It is an accepted standard of nursing practice that data about the health status of clients be accessible, communicated, and recorded. Provision of quality health services requires that such data be available to all members of the health team. When knowledge gained in confidence is relevant or essential to others involved in planning or implementing the client's care, professional judgment is used in sharing it. Only information pertinent to a client's treatment and welfare is disclosed and only to those directly concerned with the client's care. The rights, well-being, and safety of the individual client should be the determining factors in arriving at this decision.

2.2 Disclosure for Quality Assurance Purposes

Patient information required to document the appropriateness, necessity, and quality of care that is required for peer review, third party payment, and other quality assurance mechanisms must be disclosed only under rigidly defined policies, mandates, or protocols. These written guidelines must assure that the confidentiality of client information is maintained.

2.3 Disclosure to Others not Involved in the Client's Care

The right of privacy is an inalienable right of all persons, and the nurse has a clear obligation to safeguard any confidential information about the client acquired from any source. The nurse-client relationship is built on trust. This relationship could be destroyed and the client's welfare and reputation jeopardized by injudicious disclosure of information provided in confidence. Since the concept of confidentiality has legal as well as ethical implications, an inappropriate breach of confidentiality may also expose the nurse to liability.

2.4 Disclosure in a Court of Law

Occasionally, the nurse may be obligated to give testimony in a court of law in relation to confidential information about a client. This should be done only under proper authorization or legal compulsion. Privilege in relation to the disclosure of such information is a legal right that only the patient or his representative may claim or waive. The statutes governing privilege and the exceptions to them vary from state to state, and the nurse may wish to consult legal counsel before testifying in court to be fully informed about professional rights and responsibilities.

2.5 Access to Records

If, in the course of providing care, there is need for access to the records of persons not under the nurse's care, as may be the case in relation to the records of the mother of a newborn, the person should be notified and permission first obtained whenever possible. Although records belong to the agency where collected, the individual maintains the right of control over the information provided by him, his family, and his environment. Similarly, professionals may exercise the right of control over information generated by them in the course of health care.

If the nurse wishes to use a client's treatment record for research or nonclinical purposes in which confidential information may be identified, the client's consent

must first be obtained. Ethically, this insures the client's right to privacy; legally, it serves to protect the client against unlawful invasion of privacy and the nurse against liability for such action.

3.0 The nurse acts to safeguard the client and the public when health care and safety are affected by incompetent, unethical, or illegal practice of any person.

3.1 Role of Advocate

The nurse's primary commitment is to the client's care and safety. Hence, in the role of client advocate, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, or illegal practice(s) by any member of the health care team or the health care system itself, or any action on the part of others that is prejudicial to the client's best interests. To function effectively in the role, the nurse should be fully aware of the state laws governing practice in the health care field and the employing institution's policies and procedures in relation to incompetent, unethical, or illegal practice.

3.2 Initial Action

When the nurse is aware of inappropriate or questionable conduct in the provision of health care, concern should be expressed to the person carrying out the questionable practice and attention called to the possible detrimental effect upon the client's welfare. When factors in the health care delivery system threaten the welfare of the client, similar action should be directed to the responsible administrative person. If indicated, the practice should then be reported to the appropriate authority within the institution, agency, or larger system. There should be an established mechanism for the reporting and handling of incompetent, unethical, or illegal practice within the employment setting so that such reporting can go through official channels and be done without fear of reprisal. The nurse should be knowledgeable about the mechanism and be prepared to utilize it if necessary. When questions are raised about the appropriateness of behaviors of individual practitioners or practices of health care systems, documentation of the observed behavior or practice must be provided in writing to the appropriate authorities. Local units of the professional association should be prepared to provide assistance and support in reporting procedures.

3.3 Follow-Up Action

When incompetent, unethical, or illegal practice on the part of anyone concerned with the client's care is not corrected within the employment setting and continues to jeopardize the client's care and safety, additional steps need to be taken. The problem should be reported to other appropriate authorities such as the practice committees of the appropriate professional organizations or the legally constituted bodies concerned with licensing of specific categories of health workers or professional practitioners. Some situations may warrant the concern and involvement of all these groups. Reporting should be both factual and objective.

3.4 Peer Review

In addition to the role of advocate, the nurse should participate in the planning, establishment, and implementation of other activities or procedures which serve to safeguard clients. Duly constituted peer review activities in employment agencies

directed toward the improvement of practice are one example. This ongoing method of review is based on objective criteria, it includes a mechanism for making recommendations to administrators for correction of deficiencies, it facilitates the improvement of delivery services, and it promotes the health, welfare, and safety of clients.

4.0 The nurse assumes responsibility and accountability for individual nursing judgments and actions.

4.1 Acceptance of Responsibility and Accountability

The recipients of professional nursing services are entitled to high quality nursing care. Individual professional licensure is the protective mechanism legislated by the public to ensure basic and minimum competencies of the professional nurse. Beyond that, society has accorded to the nursing profession the right to regulate its own practice. The regulation and control of nursing practice by nurses, demands that individual professional practitioners of nursing bear primary responsibility for the nursing care clients receive and be individually accountable for their practice.

4.2 Responsibility

Responsibility refers to the scope of functions and duties associated with a particular role assumed by the nurse. As nursing assumes functions, these functions become part of the responsibilities or expectations of performance of nurses. Areas of responsibilities expected of nurses include: data collection and assessment of the health status of the client; determination of the nursing care plan directed toward designated goals; evaluation of the effectiveness of nursing care in achieving the goals of care; and subsequent reassessment and revision of the nursing care plan as defined in the ANA Standards of Nursing Practice. By assuming these responsibilities, the nurse is held accountable for them.

4.3 Accountability

Accountability refers to being answerable to someone for something one has done. It means providing an explanation to self, to the client, to the employing agency, and to the nursing profession. Over and above the obligations such accountability imposes on the individual nurse, there is also a liability dimension to accountability. The nurse may be called to account to be held legally responsible for judgments exercised and actions taken in the course of nursing practice. Neither physician's prescriptions nor the employing agency's policies relieve the nurse of ethical or legal accountability for actions taken and judgments made. Accountability, therefore, requires evaluation of the effectiveness of one's performance of nursing responsibilities.

4.4 Evaluation of Performance

Self-evaluation. The nurse engages in ongoing evaluation of individual clinical competence, decision-making abilities, and professional judgments. The nurse also engages in activities that will improve current practice. Self-evaluation carries with it the responsibility for the continuous improvement of one's nursing practice.

Evaluation by peers. Evaluation of one's performance by peers is a hallmark of

professionalism, and it is primarily through this mechanism that the profession is held accountable to society. The nurse must be willing to have practice reviewed and evaluated by peers. Guidelines for evaluating the appropriateness, effectiveness, and efficiency of nursing practice are emerging in the form of revised and updated nurse practice acts. ANA's Standards of Nursing Practice, and other quality assurance mechanisms. Participation in the development of objective criteria for evaluation that provide valid and reliable data is the responsibility of each nurse.

5.0 The nurse maintains competence in nursing,

5.1 Personal Responsibility for Competence

Nursing is concerned with the welfare of human beings, and the nature of nursing is such that inadequate or incompetent practice may jeopardize the client. Therefore, it is the personal responsibility and must be the personal commitment of each individual nurse to maintain competence in practice throughout a professional career. This represents one way in which the nurse fulfills accountability to clients.

5.2 Measurement of Competence in Nursing Practice

Competence is a relative term, and an individual's competence in any field may be diminished or otherwise affected by the passage of time and the emergence of new knowledge. This means that for the client's optimum well-being and for the nurse's own professional development, nursing care should reflect and incorporate new techniques and knowledge in health care as these develop and especially as they relate to the nurse's particular field of practice.

Measures of competence are developing; they include peer review criteria, outcome criteria, and ANA's program for certification.

5.3 Continuing Education for Continuing Competence

Nursing knowledge, like that in the other health disciplines, is rendered rapidly obsolete by mounting technological advances and scientific discoveries, changing concepts and patterns in the provision of health services, and the increasing complexity of nursing responsibilities. The nurse, therefore, should be aware of the need for continuous updating and expansion of the body of knowledge and skills current. The nurse should assess personal learning needs, should be active in finding appropriate resources, and should be skilled in self-directed learning. Such continuing education is the key to maintenance of individual competence.

5.4 Intraprofessional Responsibility for Competence in Nursing Care

All nurses, be they practitioners, educators, administrators, or researchers, share responsibility for quality nursing care. Therefore all nurses need thorough knowledge of the current scope of professional nursing practice. Advances in theory and practice made by one professional must be disseminated to colleagues. Since individual competencies vary in relation to educational preparation, experience, client population and setting, when necessary, nurses should refer clients to and/or consult with other nurses with expertise and recognized competencies, e.g. certified nurses and clinical specialists.

6.0 The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

6.1 Changing Functions

Because of the increased complexity of health care, changing patterns in the delivery of health services, continuing shortages in skilled health manpower, and the development acceptance of evolving nursing roles, nurses are being requested or expected to carry out functions that have formerly been performed by physicians. In turn, nurses are assigning some nursing functions to variously prepared ancillary personnel. In this gradual shift of functions, as the scope of practice of each profession changes, the nurse must exercise judgment in seeking consultation, accepting responsibilities, and assigning responsibilities to others to ensure that clients receive quality care at all times.

6.2 Joint Policy Statements

Nurse practice acts are usually expressed in broad and general language in order to provide the necessary freedom for interpretation of the law so that future developments, new knowledge, and changing roles will not necessitate constant revision of the law. The nurse must not engage in practice prohibited by law or delegate to others activities prohibited by practice acts of other health care personnel or by other laws. Recognition by nurses of the need for a more definitive delineation of roles and responsibilities, however, has resulted in collaborative efforts to develop joint policy statements. These statements may involve other health care providers or associations and usually specify the functions that are agreed upon as appropriate and proper for the nurse to perform. Such statements represent a body of expert judgment that can be used as authority where responsibilities are not definitively outlined by legal statute.

6.3 Seeking Consultation

The provision of health and illness care to clients is a complex process that requires a wide range of knowledge and skills. Interdisciplinary team effort with shared responsibility is the most effective approach to provision of total health services. Nurses, whether practicing in clearly defined or new and emerging roles, must be aware of their own individual competencies. When the needs of the client are beyond the qualifications and competencies of the nurse, consultation must be sought from qualified nurses or other appropriate sources.

Discretion must be exercised by the nurse before intervening in diagnostic or therapeutic matters that are not recognized by the nursing profession as established nursing practice. Such discretion should be based on education, experience, legal parameters, and professional guidelines and policies.

6.4 Accepting Responsibilities or Delegating Activities

The nurse should look to mutually agreed upon policy statements for guidance and direction; but even where such statements exist, personal competence should be carefully assessed before accepting responsibility or delegating activities. Decisions in this area call for knowledge of an adherence to joint policy statements and the laws regulating medical and nursing practice as well as for the exercise of informed nursing judgments.

6.5 Accepting Responsibility

If the nurse does not feel personally competent or adequately prepared to carry out a specific function, the nurse has the right and responsibility to refuse. In so doing, both the client and the nurse are protected. The reverse is also true. The nurse should not accept delegated responsibilities that do not utilize nursing skill or competencies or that prevent the provision of needed nursing care to clients. Inasmuch as the nurse is responsible for the client's total nursing care, the nurse must also assess individual competence in assigning selected components of that care to other nursing service personnel. The nurse should not delegate to any member of the nursing team a function for which that person is not prepared or qualified to perform.

7.0 *The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.*

7.1 The Nurse and Research

Every profession must engage in systematic inquiry to identify, verify, and continually enlarge the body of knowledge which forms the foundations for its practice. A unique body of verified knowledge provides both framework and direction for the profession in all of its activities and for the practitioner in the provision of nursing care. The accrual of knowledge promotes the advancement of practice and with it the well-being of the profession's clients. Ongoing research is thus indispensable to the full discharge of a profession's obligations to society. Each nurse has a role in this area of professional activity, whether involved as an investigator in the furthering of knowledge, as a participant in research, or as a user of research results.

7.2 General Guidelines for Participating in Research

Before participating in research the nurse has an obligation:

1. To ascertain that the study design has been approved by an appropriate body.
2. To obtain information about the intent and the nature of the research.
3. To determine whether the research is consistent with professional goals.

Research involving human subjects should be conducted only by scientifically qualified persons or under such supervision. The nurse who participates in research in any capacity should be fully informed about both nurse and client rights and responsibilities as set forth in the publication *Human Rights Guidelines for Nurses in Clinical and Other Research* prepared by the ANA Commission on Nursing Research.

7.3 The Protection of Human Rights in Research

The individual rights valued by society and by the nursing profession have been fully outlined and discussed in *Human Rights Guidelines for Nurses in Clinical and Other Research*; namely, the right to freedom from intrinsic risks of injury and the rights of privacy and dignity. Inherent in these rights is respect for each individual to exercise self-determination, to choose to participate, to have full information, to terminate participation without penalty.

It is the duty of both the investigator and the nurse participating in research to maintain vigilance in protecting the life, health, and privacy of human subjects from unanticipated as well as anticipated risks. The subjects' integrity, privacy, and rights must be especially safeguarded if they are unable to protect themselves because of incapacity or because they are in a dependent relationship to the investigator. The investigation should be discontinued if its continuance might be harmful to the subject.

7.4 The Practitioner's Rights and Responsibilities in Research

Practitioners of nursing providing care to clients who serve as human subjects for research have a special need to clearly understand in advance how the research can be expected to affect treatment and their own moral and legal responsibilities to clients. Here, as in other problematic situations, the practitioner has the right not to participate or to withdraw under the circumstances described in paragraph 1.4 of this document. More detailed guidance about the rights and responsibilities of nurses in relation to research activities may be found in *Human Rights Guidelines for Nurses in Clinical and Other Research*.

8.0 The nurse participates in the profession's efforts to implement and improve standards of nursing.

8.1 Responsibility to the Public

Nursing has the responsibility to admit to the profession only those who have demonstrated a capacity for those competencies believed essential to the practice of nursing. Areas of concern for nursing competence should include adequate performance of nursing skills, academic achievement, humanitarian concern for others, acceptance of responsibility for individual actions, and the desire to improve nursing practice. Nurses involved in the evaluation of student attainment carry a primary responsibility for ensuring that the profession's obligation(s) to the public relative to entry qualifications for practice are met.

The nursing profession exists to give assistance to those persons needing nursing care. Standards of nursing practice provide guidance for the delivery of quality nursing care and are a means for evaluating that care received by clients. The nurse has a responsibility to the public for personally implementing and maintaining optimal standards.

8.2 Responsibility to the Discipline

The professional practice of nursing is founded on an understanding and application of a body of knowledge reflected in its standards. As the profession's organization for nurses, ANA has adopted standards for nursing practice, nursing service, and nursing education. The nurse has the responsibility to monitor these standards in everyday practice and through voluntary participation in the profession's ongoing efforts to implement and improve standards at the national, state, and local levels.

8.3 Responsibility to Nursing Students

The future of nursing rests with new recruits to the profession. Nursing has a responsibility to maintain optimal standards of nursing practice and education in schools of nursing and/or wherever students engage in learning activity. This

places a particular responsibility on all nurses whose services are concerned with the educational process.

9.0 The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.

9.1 Responsibility for Conditions of Employment

The nurse must be concerned with conditions of economic and general welfare within the profession. These are important determinants in the recruitment and retention of well-qualified personnel and in assuring that each practitioner has the opportunity to function optimally.

The provision of high quality nursing care is the responsibility of both the individual nurse and the nursing profession. Professional autonomy and self-regulation in the control of conditions of practice are necessary to implement standards of practice as established by organized nursing.

9.2 Collective Action

Defining and controlling the quality of nursing care provided to the client is most effectively accomplished through collective action. Collective action may include assistance and representation from the professional association in negotiations with employers to achieve employment conditions in which the professional standards of practice can be implemented and which are commensurate with the qualifications, functions, and responsibilities of the nurse. The Economic and General Welfare program of the professional association is the appropriate channel through which the nurse can work constructively, ethically, and with professional dignity. This program, encompassing commitment to the principle of collective bargaining, promotes the right and responsibility of the individual nurse to participate in determining the terms and conditions of employment conducive to high quality nursing practice.

9.3 Individual Action

A nurse may enter into an agreement with individuals or organizations to provide health care, provided that the agreement is in accordance with the Standards of Nursing Practice of the American Nurses' Association and the nurse practice law of the state and provided that the agreement does not permit or compel practices which are in violation of this Code.

10.0 The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

10.1 Advertising Services

A nurse may make factual statements that indicate availability of services through means that are in dignified form, such as:

A professional card identifying the nurse by name and title, giving address, telephone number, and other pertinent data.

Listing name, title, and brief biography in reputable directories and reputable professional publications. Such published data may include the following: Name, address, phone, field of practice or concentrates; date and place of birth; schools attended, with dates of graduation, degrees, and other scholastic distinctions; offices held; public or professional honors; teaching positions; publications; memberships and activities in professional societies; licenses; names and addresses of references.

A nurse shall not use any form of public or professional communication to make self-laudatory statements or claims that are false, fraudulent, misleading, deceptive, or unfair.

10.2 Use of Titles and Symbols

The right to use the title "Registered Nurse" is granted by state governments through licensure by examination for the protection of the public. Use of that title carries with it the responsibility to act in the public interest. The nurse may use the title "R.N." and symbols of academic degrees or other earned or honorary professional symbols of recognition in all ways that are legal and appropriate. The title and other symbols of the profession should not be used, however, for personal benefit by the nurse or by those who may seek to exploit them for other purposes.

10.3 Endorsement of Commercial Products or Services

The nurse does not give or imply endorsement to advertising, promotion, or sale of commercial products or services because this may be interpreted as reflecting the opinion or judgment of the profession as a whole. Since it is a nursing responsibility to engage in health teaching and to advise clients on matters relating to their health, it is not unethical for the nurse to utilize knowledge of specific services and/or products in advising individual clients. In the course of providing information or education to clients or other practitioners about commercial products or services, however, a variety of similar products or services should be offered or described so that the client or practitioner can make an informed choice.

10.4 Protecting the Client from Harmful Products

It is the responsibility of the nurse to advise clients against the use of dangerous products. This is seen as discharge of nursing functions when undertaken in the best interest of the client.

10.5 Reporting Infractions

Not only should the nurse personally adhere to the above principles, but alertness to any instances of their violation by others should be maintained. The nurse should report promptly, through appropriate channels, any advertisement or commercial which involves a nurse, implies involvement, or in any way suggests nursing endorsement of a commercial product, service, or enterprise. The nurse who knowingly becomes involved in such unethical activities negates professional responsibility for personal gain, and jeopardizes the public confidence and trust in the nursing profession that have been created by generations of nurses working together in the public interest.

11.0 The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

11.1 Quality Health Care as a Right

Quality health care is mandated as a right to all citizens. Availability and accessibility to quality health services for all citizens require collaborative planning by health providers and consumers at both the local and national level. Nursing care is an integral part of quality health care, and nurses have a responsibility to help ensure that citizens' rights to health care are met.

11.2 Responsibility to the Consumer of Health Care

The nurse is a member of the largest group of health providers, and therefore the philosophies and goals of the nursing profession should have a significant impact on the consumer of health care. An effective way of ensuring that nurses' views regarding health care and nursing service are properly represented is by involvement of nurses in political decision making.

11.3 Relationships with Other Disciplines

The complexity of the delivery of health care service demands an interdisciplinary approach to delivery of health services as well as strong support from allied health occupations. The nurse should actively seek to promote collaboration needed for ensuring the quality of health services to all persons.

11.4 Relationship with Medicine

The interdependent relationship of the nursing and medical professions requires collaboration around the need of the client. The evolving role of the nurse in the health delivery system requires joint practice as colleagues, deliberations in determining functional relationships, and differentiating areas of practice between the two professions.

11.5 Conflict of Interest

Nurses who provide public service and who have financial or other interests in health care facilities or services should avoid a conflict of interest by refraining from casting a vote on any deliberation affecting the public's health care needs in those areas.

ETHICS AND THE PROFESSIONS: A RESPONSE

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April 3, 1979

The practicing psychologist in the late 1970's is as vulnerable as his colleagues in the medical and legal professions in trying to maintain an acceptable level of service to clients while, at the same time, keeping this service within the safe refuge of "ethical behavior" and away from the looming threat of malpractice suits. Increasing numbers of undergraduates look upon the lofty peaks of clinical practice as they cut-throat their way along the path toward "helping others." Promoting client welfare and assuring client rights are the warp and woof of the Ethical Standards of Psychologists (American Psychological Association, 1977a) which state, "Psychologists respect the dignity and worth of the individual and honor the preservation and protection of fundamental human rights."

Politically, the incumbent President Carter is looked upon as somewhat of a dreamer for his global vision of human rights - but he persists in his vision. Pro-life and pro-choice advocates in our own community speak out on reproduction counseling. Olympic athletes refuse to compete with representatives from apartheid nations. Proponents of the ERA pull political strings for an extension for approval...and on and on. Clients still come to our offices, approach our doors, dial our phones, "bump into us" after a meeting. They are asking for our help, referral, or consultation. A human rights-conscious society asks us to guarantee that help - to facilitate positive mental health - to insure pristine professional competence. All this is to be found in a relationship which, ideally, helps the client to explore the problems in his life freely, helps him to see these problems objectively and finally, helps him to act (Egan, 1975).

Note that the formula for the therapeutic prescription is not measured in milligrams of dosage, in voltage on a life-support system. It is based, rather, on the fluctuating patterns of a relationship. True, the commodity is packaged within the wrappings of a Freudian, a behavioral, a rational-emotive orientation, to name

a few. But the critical element, from the professional viewpoint, is the therapist.

Patterson (1966) states a practicing therapist needs to operate from a theory of personality and learning as well as from a clear conception of the nature of man. He applies these theoretical orientations not only to the client but to himself. In his ethical framework he seeks to bring sensitivity and method to the discernment of moral values, that is, to those issues which befit or do not befit his behavior as it relates to the client before him (Maguire, 1978). Hare-Mustin, et al. (1979) suggest professional practices make ethical standards representative more of a bill of rights for clients than a protection of the profession.

They suggest four situations which can help to provide ethical standards so that clients' rights will be an integral part of therapy:

- a. providing clients with information to make informed decisions about therapy (Exit mumblings of "We'll get together to talk about your concerns and see what we can do about them.")
- b. using contracts in therapy (Exit undifferentiated long-term mutual dependency relationships.)
- c. responding to clients' challenges to therapists' competence (Exit therapists' mumblings of "You are angry because I've been late for our last three appointments.")
- d. handling clients' complaints (What will happen to the scapegoats of resistance, blocking, transference, etc.?)

The question of confidentiality will have to be addressed early in the relationship, using the above situations, with client and counselor assuming responsibility for its definition.

The amorphous guru-relationship would necessarily have to be described in terms of particular behavioral goals - to be assessed by the client as well as the counselor.

See what begins to happen if clients' rights come within the ethical focus: the parameters of mental health service are extended beyond the ego-centric confines of a counselor's "need to help." They include issues of licensure, continuing education, supervision and consultation. The therapist brings to the relationship the best "I", he, or she has to offer. He or she begins to quantify and precisely define, for self and client, the terms and nuances of the relationship. If Hare-Mustin et al., are to be modeled, brief, but precise, record-keeping will be a necessity. Clients will be able to claim that the terms of the service contract have not been met. Payment can be withheld for failure to meet terms of the contract...and on, and on.

It is hoped that the present focus on ethics, on rights of clients and responsibilities of therapists will add to, rather than detract from the positive value of the therapeutic relationship.

REFERENCES

1. American Psychological Association. Ethical Standards of Psychologists, (Rev. ed.). Washington, D.C.: Author, 1977.
2. Egan, G. The Skilled Helper. Monterey, Calif.: Brooks/Cole, 1975, p. 2.
3. Hare-Mustin, R., Marecek, J., et al. Rights of clients, responsibilities of therapists. American Psychologist, 1979, 34, 3-15.
4. Maguire, D. The Moral Choice. Garden City, N.Y.: Doubleday, 1978.
5. Patterson, C. H. Theories of Counseling and Psychotherapy. New York: Harper and Row, 1966, p. 8.

SOME ETHICAL CONCERNS
IN THE
SOCIAL SCIENCES

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April 3, 1979

In my picking around for material relevant to my brief paper on current ethical issues in the Social Sciences, I have selected three issues that may be interesting or useful to illustrate the concerns of this conference.

The first case involves psychological testing at Yale University by Stanley Milgram. In a series of studies on "obedience," subjects were asked to administer increasing amounts of voltage to other persons (actually "plants") according to the errors made on a test. The voltage registered from 15 to 450 volts. The results indicated that 65% tested on campus would give enough electrical discharge to result in injury or death while a similar test, off-campus, indicated that 48% would do the same.

While these tests seemed to reveal a most unflattering, sheeplike view of human beings with a propensity to blindly obey authority, there were others who were more concerned about the methods used. The manipulation of human subjects by the use of deception and the damaged self-conceptions which resulted were assailed by critics as highly unethical.

Milgram assures us that,

... we had a special obligation to protect the welfare and dignity of the persons who took part in the study.¹

However, he does note that,

I observed a mature and initially poised businessman enter the laboratory smiling and confident. Within 20 minutes he was reduced to a twitching, stuttering wreck, rapidly approaching a point of nervous collapse. And yet he obeyed to the end.²

Those with delicate ethical sensitivities regarded this as a violation of the proper ethical bounds of legitimate psychological research.

The second case involves a study of homosexual activities in public rest rooms, politely called "tearooms" by the gay community. Laud Humphreys, the author of this study, used the participant observer method to uncover the nature of impersonal sex in public places. However, his role was unique in that he posed as a "watchqueen" in order to gain entree to this deviant subculture. By playing the role of a "sociological voyeur," Humphreys was able to complete a doctoral study in an area in which little was known. While playing watchqueen, the author obtained the license numbers of the participants -- located their home addresses and, later, interviewed them while posing as part of a "social health survey."

Naturally, there were those who regarded Humphreys' work as great. (He was awarded the C. Wright Mill Award of the Society for the Study of Social Problems.) However, there was also considerable furor by those who were critical of his work on legal and ethical grounds. Humphreys, himself, sides with several of the charges leveled against his study.³ Specifically, these charges were:

1. deliberate misrepresentation of identity (i.e., deception),
2. misrepresentation of the character of the research (again, deception),
3. invasion of privacy, and
4. setting the stage for the improper use of data unearned. (Humphreys, it was suggested, had produced a manual for tearoom queens.) In sum, this study was conducted under the protective cloak of science to go where angels fear to tread.

In order to set the stage for fruitful discussion of ethical issues in the social sciences relative to research, Warwick⁴ suggests that a benefit/cost matrix presenting estimates of net gains or losses for human freedom be used to gauge the worth of an intended study. A cost-benefit analysis might have been

useful in the foregoing studies. Some of the pitfalls encountered may well have been avoided.

My third and final case involves the ethical considerations related to supplemental incomes of college and university faculty members. These range all the way from simple overloads to consulting and lecture fees. The issues raised range all the way from conflict of interest to proper allocation of time for in-house duties compared to "outside" demands. It is unlikely that community colleges are as troubled by this problem as the four-year schools and universities. However, the plain fact is, the University of Southern California is being funded by the Carnegie Corporation to make a study of all types of supplemental incomes. They seem to be finding enough negative data to warrant the following observation:

Events in the year since this initial work was completed have shown that concern in the areas of project interest is growing and some legislative action is already underway.⁵

The general conclusion to which I came as a result of limited reading and interviewing is that an emerging (but serious) concern for proper ethics in the study of human subjects is developing -- especially the right of privacy. Sometimes the concept is associated with the idea of accountability. But it goes beyond fiscal and managerial responsibility to ethical accountability.

FOOTNOTES

¹ Stanley Milgram, Some Conditions of Obedience And Disobedience to Authority, in Flack, p. 25.

² Carol Tavris, review, "Obedience to Authority," Psychology Today, p. 76.

³ Laud Humphreys, Tearoom Trade, pps. 170-173.

⁴ Donald P. Warwick, Tearoom Trade: Means And Ends In Social Research, in "Tearoom Trade," pps. 198-212.

⁵ _____, Newsletter, p. 3.

BIBLIOGRAPHY

Flacks, Richard (ed), Conformity, Resistance and Self-Determination:
The Individual and Authority. Boston: Little, Brown and Company, 1973.
350 pages.

Humphreys, Laud. Tearoom Trade. Chicago: Aldine Publishing Company, 1975.
238 pages.

Tavris, Carol. A Book Review, "Obedience to Authority," Stanley Milgram,
Psychology Today, June, 1974.

_____, Newsletter, Office of Institutional Studies, University
of Southern California, November, 1978.

MORAL CONCERNS
IN
SCIENCE AND TECHNOLOGY

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April 3, 1979

INTRODUCTION

It is the purpose of this review to take note of some of the moral questions posed by a burgeoning science and its handmaiden, technology, to an increasingly skeptical world. There is considerable irony in this because it has not been that long that the physical sciences and the life sciences as well had not only carte blanc to do as they chose, but were actively courted and encouraged to bring a golden age to the earth: no more disease, greatly increased longevity, electricity so cheap that it need not be metered, abundant food, fiber, and shelter - perhaps nothing desirable was unreachable.

How this has changed within the last few decades. Problem area after another has come with ramifications and chilling forebodings that cause some to desire very strict controls upon the scientific enterprise with exhausting, time-consuming risk analyses and impact studies. No less ironic is the sad realization that many of the glowing promises for a much more fruitful earth has all too often meant a despoiled, befouled planet.

In many respects, a paper such as this is difficult to prepare. Some moral issues have been so widely discussed (albeit, in a short-sighted, simplistic manner) that various onlookers honestly may wonder why any further attention is deserved. They may even see a "devil's advocate" position fostered by the reviewer even though nothing but a dispassionate, thoughtful consideration of the problem is intended. (Here, interestingly, there may be a moral concern of import - how do reasonably emotionally balanced individuals come to evidence such vehement reactions to free inquiry upon the part of others for whom the question has not yet been suitably addressed? What responsibility do special interest groups, the media, and active vocal individuals (lay or professional) bear for the feelings and beliefs their efforts cause to be elicited by their devotees?) Then, there are problems so

esoteric and invisible to the general populace that none but those initiated in the field of expertise even see them as reason for alarm. Indeed, upon occasion, some sensationalism may be encouraged so as to bring such matters to a wider forum for view.

There are inevitable areas that come solely out of corporate interests conflicting with whatever governmental agencies could reasonably see as their obligation to promote the general welfare. Individual researchers see difficulties grow as they operate within the confines of the organizations from whom they derive financial support and to whom they could be expected to demonstrate considerable loyalty. In a still larger sense, what of those problem areas that relate to the role of sundry world states as they conduct varied political and apolitical activities - all designed to give a position of strength and/or dominance in the world community - when they certainly must be aware that their action may lead to less than desirable technological steps being taken by other states?

The problems go on and on, but one major concept at least has been established: that probably very few scientific or technological endeavors can be carried out without the possibility of morally complex questions arising on some level. Unfortunately many of the areas are quite interrelated, and as the relatedness grows, ultimate resolution becomes much more unlikely to be achieved in a satisfactory way.

It seems appropriate to limit the scope of the review to a small number of issues that lend themselves to some analysis of the moral conflicts which plague biologists, chemists, and physicists.

CHEMICALS AND FOOD

It is not possible to view in any convenient way the world of chemicals. The earth itself is chemical in nature, and so are all lifeforms. However, potentially moral issues arise incidentally, perhaps accidentally, and many times completely unexpectedly out of the legitimate use of chemical agents. Take as an example the widespread employment of chemical additives in foodstuffs. There can be no question that vast numbers of common foods would disappear from the supermarket shelves overnight if many additives that promote lengthened shelf-life were to be cut out. Some critics would go to almost grotesque extents in seeing sinister implications in the continued use of additives regardless of the justifications offered in defense of their use.

A number of additives may be called in question, though. Consider the use of artificial coloring agents, e.g., organic dyestuffs in foods for purely cosmetic or eye appeal purposes. In view of the ever increasing evidence for possible carcinogenic behavior on the part of a significant number of dyes, is it morally acceptable to continue to foster the use of such agents where they are not needed per se?

A human being almost anywhere in the world probably possesses some amounts of pesticide residues (or a "body-burden" as an oft-used term has it). A number of lifeforms have had their very existence threatened by harmful chemical pesticides potentiating (or concentrating) as they have fed in turn upon organisms farther down their food chain. Recent horror stories of damaged persons as well as cattle arising directly out of an accidental mixing of a fire-retardant chemical into cattle feed are all too familiar, and renewed attention is being given to those persons who have been exposed to heavy levels of air-bourne asbestos fibers. Many in the public at large would see moral culpability extended to any and all who

have had any role whatever in the production of chemical products which have proven (in hindsight) to be harmful. Specifically, are the scientists who developed napalm or Agent Orange (a widely used plant defoliant in Viet-Nam) responsible in a moral way for the uses to which their discoveries have been placed? Given the many examples of the simultaneous discovery of many principles, processes, or substances in science, can any comfort be taken in the thought that someone else might in time have come up with the same result in question?

Similarly, are the scientists and technologists who were active in the development of DDT and related broad spectrum pesticides morally responsible for the debilitating effects upon other lifeforms? It must be honestly observed that probably there are many people alive today because of the control of vector-borne diseases in the post-World War II era in much of Europe and other parts of the world. Countless others have not starved because it was possible to plant, grow, and harvest food crops under the protection of chemical control measures. Indeed the very maintenance of a harvested crop may depend upon chemical treatment if vermin and insect infestation are to be avoided.

Probably no chemical is without some potential for ill, but the benefits accruing from chemical use cannot be ignored. There is a real danger that there may be a well intentioned overreaction in the form of restrictive legislation and controls to such an extent that costs of products will skyrocket and cause a concomitant effect of a cost-spiral that will be disproportionately harsh upon those who can least afford it.^{1,2}

In short, questions of moral culpability on the part of scientist engaged in honest research would almost afford them the status of being oracles or seers.³ Again, there are real hazards in the notion that the scientific community is uniquely equipped to deal with as yet unrealized difficulties primarily arising

overnight in completely unforeseen areas - who could have specifically considered the ozone-fluorocarbon conflict years ago when such compounds were first produced?

UTILIZATION OF WORLD RESOURCES

It is quite obvious that the distribution of the earth's resources is highly diverse and that through history much in the way of world conflicts has come about as individual states have exercised their ability to control or gain access to what was desired at the moment whether such resources were under someone else's sphere of influence or not. With the highly industrialized western world increasingly at the economic mercy of Third World cartels, and given the concomitant ability of those resource dependent nations to detect depositions of needed substances through high technology devices such as earth resources satellites, the opportunities are rife for more conflict.

The question here really is: are there not moral considerations to taking more and more of the earth's apparently finite resources and using them principally within a relatively small portion of humankind? The usual charge is that this process is basically selfish and unduly materialistic, but there is another side. Cannot it be recognized that the industrialized part of the world produces essential finished goods for use all over the planet? Would man's lot be bettered or worsened if the level of industrialized use of resources in the developed world were to be diminished? A sidelight is a situation that developed in Germany right before and during World War I. Effectively cut off from nitrates in South America, Germany turned to using the recently discovered Haber process to turn synthetically produced ammonia into munitions for the war effort. Accordingly, Fritz Haber was dropped from membership in a prestigious British scientific society. Whatever the merits of the action taken by the British group, can Haber be held responsible in a moral sense for the uses to which a nation at war placed his discovery? The question is

even more clearly drawn when it is realized that as of the late nineteenth century various scientists wondered whether world-wide famine might not be imminent due to a scarcity of naturally available fertilizers for use in basic food production for a rapidly growing population. As far as nitrogen-based fertilizers went, the Haber process put such fears to rest since plentiful fertilizers were available now almost without limit.

An entirely different aspect to resources utilization relates to their very finiteness. As a single example, petroleum of nearly any grade represents a chemical treasure trove in terms of the manifold uses possible for it. Unfortunately the world has and is using enormous quantities of it for two main purposes--locomotion and space heating. Once used, the oil and its potential derivatives are irretrievably gone. Could it be that a profligate twentieth century is producing a plundered planet with its wealth indiscriminately strewn around--leaving an impoverished legacy for future generations. Are there moral implications herein for scientists and/or technologists who continually generate more and more gadgetry whose very existence consumes valuable resources in their initial preparation as well as in their continued use? It is idle to question the moral issue of a throw away mentality that is actively cultivated even to becoming the *raison d'être* for many industries?

It can be seen that much of present day technology randomizes or generally makes the resources of the earth less readily available to future users than they are now. Perhaps one of the best sources of recyclable materials in the next century will be in today's landfills.

BIOLOGICAL CONCERNS

In order for a drug to have a beneficent effect, there is almost always the

attendant risk of undesirable side-effects. In some instances, the bad effects are immediate, in others, days, months, or even years later. Suppose a drug recently developed for use in chemotherapy suddenly shows signs of being capable itself of causing secondary cancers to appear in the test subject. Does any form of moral culpability appear here? If so, to whom? The researcher for the pharmaceutical firm that developed and marketed the drug? The doctor who prescribes or administers it?

There is no question that some drugs, particularly if taken during the first trimester of pregnancy, are teratogenic (monster-inducers). Thalidomide is only one case in point. Does the search for useful drugs on the part of the biochemist carefully checking thousands of plant-derived agents cease because there may be deleterious side effects in a discrete subpopulation of test subjects? In another area there has been recent interest in techniques other than X-rays for scanning persons for cancers. Some of them--NMR (nuclear magnetic resonance) and a form of ultra sound--are so promising that sizable capital outlays have been made for the needed equipment. However, given the history of X-ray connected therapy (e.g., irradiation for acne control some years back) which seems to have increased the risk of cancer development later, there may well be cause for caution. How should scientists and/or technicians feel toward their involvement in relatively new and untested areas such as these? In a society whose members rush into litigation, the question is far from idle.

Even more questionable areas arise in the fields of recombinant DNA research and cloning. Who is to say where such types of inquiry are free to go in an unencumbered way? What are the potentialities for abuse and by whom? In a world that has seen definite strides taken toward eugenics, suspicions arise quickly. Suppose that a very definitive test is devised for a hitherto ill-characterized

genetic disease. Should steps be taken to ensure that procreation could not occur between individuals so diagnosed? What moral implications come in for the scientific personnel who develop the testing procedure? And the technician who administers it? In a free society where the tested subjects may act upon their new knowledge of themselves as they wish, it is one thing. What if the society is not free? One more related question is at what ages should such screenings be conducted? What concerns come from relatively young people made aware that their lives will be quite different in terms of possible restrictions upon their freedom to procreate?

With almost every new discovery or drug, there are new conundrums to face. George Bernard Shaw is quoted by Ralph Lapp, a nuclear physicist, as saying, "Science is always wrong. It never solves a problem without creating ten more."⁴ Who is to say that he was wrong when the statement was made? In any event, the attitude seems to be growing that he was not.

ENERGY

The need for more energy appears to be of preeminent concern today. Aside from the usual sources of energy, ironically increasing attention is being directed to the enormous numbers of the world's people who depend upon something as mundane as wood or dried animal dung for simple cooking needs. The mere act of burning animal refuse is of notice in those areas of the world already critically short of fertilizers.

Questions as to whether the world society (or significant subsets of it) are much too wasteful in energy utilization are not the main concern here. Whatever the reasons the need for energy continues to drive upward. Accordingly, hard choices must be made and made soon as to how to produce more of the commodity in an

acceptable manner. Serious questions have been raised about the advisability of a growing dependence upon nuclear energy (which for some time will mean fission plant siting). The world supply of fissionable fuel could perhaps be extended hundreds of years by the extensive use of breeder reactors, although harsh technical questions have come up over their use. However it goes, the breeders possess the unique feature of producing more fissionable fuel than they consume. This is done, too, by converting the most abundant isotope of uranium in nature, U-238, into plutonium, Pu-239. Thus an isotope that is not readily fissioned is converted into one that is. Due to a variety of factors, the U.S. seems to have adopted a wait and see attitude toward such development. This position has not been taken by such other states as France or the Soviet Union, both of which have detailed goals for significant electricity production by the nuclear route.⁵

If it is true that this is the way to go, it still poses a very real set of problems in terms of reprocessing the fuel elements, the disposal or containment of high and low level nuclear waste, and fail-safe operation of all nuclear facilities. One concern growing out of this is that if breeding of nuclear fuel is not undertaken soon, there may not be sufficient capacity to exercise this option at some later time. This is because that there may be such consumption of fissionable fuels in the short run for power now that not enough fissionable fuel may be left for the breeder operation later. Therefore, is it a moral issue to proceed (or not to proceed) with such technology? Failure to go ahead may have horrendous implications for an energy short future if fusion research turns out to be impractical or impossible on a large scale.

Jerome Wiesner, president of MIT has succinctly summed up several of the overall issues well recently, cogently pointing out that needed assessments of competing

alternatives could be well served by publicly funded university research and development.⁶

Another significant question has to do with the relative number of deaths incurred in the entire nuclear energy field as compared, say, with those of the fossil fuel area.⁷ Even longer term is the question as to the effect on the earth's climate brought about by an increased atmospheric content of carbon dioxide - an inevitable product of fossil fuel burning. Then, too, what about the open animosities developed among states and regions over the location of energy companies whose products are consumed to the benefit of others elsewhere? In short, "We want and need your energy! But please! Don't develop it in our backyard."

The questions are critical, but time does not allow for easy answers. Again, some concern should be shown over a climate of opinion in the U.S. and perhaps in other nations, that given sufficient capital, science and/or technology can solve anything. This attitude raises serious issues over how finite government assets should be spent and how free of conflicts of interest some of the decision makers are who are called upon to assist in making risk assessments.

CLOSING OBSERVATIONS

The foregoing discussion has been intended to focus on a few specific areas of moral involvement in the science/technology sector. The treatment was not exhaustive, attention should shift to some remaining items.

Scientists in by-gone eras were often supported by wealthy patrons, but as time went by and the scientific enterprises grew more expensive, the mere act of conducting research became in many areas a fight to justify one project at the price of another with the monies coming from government agencies, foundations,

universities, and corporations. The pivotal question is what danger is there of scientists prostituting themselves and their findings to ensure an uninterrupted flow of funds? Is there even danger of scientific studies being terminated after only a cursory attempt at fact gathering and hypothesis testing only then to have researchers rush into print? These questions are not to be construed as accusations - rather, they are just what they appear to be - a concern over the possible short-circuiting of the integrity of the scientific process itself. "Publish or perish," can exert almost an unreal dehumanizing pressure upon individuals in scientific research. A not unrelated problem is the need to succeed in a line of investigation before another individual or group known to be working along similar lines can bring it off.

It may be that Max Born, a German physicist said it as well as any:

"It depends on us, on each individual citizen in every country of the world, for a stop to be put to the existing nonsense. Today, it is no longer the cholera or plague bacillus that threatens us but the traditional, cynical reasoning of politicians, the indifference of the masses, and the physicists' and other scientists' evasion of responsibility. That which they have done, as I tried to explain, cannot be undone: knowledge cannot be extinguished, and technology has its own laws. But scientists could and should use the respect that they gain through their knowledge and ability to show the politicians the way back to reasonableness and humanity..."⁸

LITERATURE CITED

- ¹Gee, Edwin, A., Chem. Eng. News. 55 (42): 3 (1977).
- ²Miller, G. H., Chemistry in the Two-Year College (2): 68 (1971).
- ³Lapp, Ralph E., "The New Priesthood," Harper and Row, New York, 1965, pps. 211-212.
- ⁴Reference (3), p. 218.
- ⁵Lepkowski, Wil, Chem. Eng. News. 56 (45): 28 (1978).
- ⁶Wiesner, Jerome B., Chem. Eng. News. 56 (50): 33 (1978).
- ⁷Cohen, Bernard L., interviewed by Brookhiser, Richard, Nat. Review. 31 (5): 145 (1979).
- ⁸Born, Max, "My Life and My Views," Charles Scribner's Sons, New York, 1968, pps. 205-206.

ETHICS AND THE HUMANITIES

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April 3, 1979

INTRODUCTORY NOTE

While ethical issues in the humanities would include those problems which arise in the "doing" of the humanities--painting, sculpting, writing--the only issues I have chosen to consider involve the teaching of humanities.

Before I prepared this report I took an informal poll of full-time teachers in the Humanities Division of the Hagerstown Junior College; a sample form is attached. Most of the responses have been included in the following pages. Some of the ideas, ethical questions, and suggested solutions have, however, been provided by the author, on whom, of course, rests the entire responsibility for their presentation.

Philip Wheelwright has defined "ethics, or moral philosophy ... as the systematic study of reflective choice, the standards of right and wrong by which it may be guided and the attainable goods towards which it may be directed." (A Critical Introduction to Ethics, 1949, p. 3). However, most persons who find themselves confronted by ethical problems have neither the time, background nor inclination to study and consider the issues theoretically; rather a pragmatic approach such as follows is most common.

Teachers of the various humanities are confronted with a number of ethical problems, some of which are common to all working people, some to those in the professions, some to those in teaching and some which seem to be unique to those who teach the humanities.

The people teaching and working in the humanities share with many others, ethical problems that arise simply from the human interactions which accompany employment. Are some teachers preferred over others? In scheduling? Or class assignments? Or are administrators perceived as preferring some teachers, whether or not they do so? Are administrators completely accurate (or seen as accurate) in the statements they make? Or are they seen as not always telling the truth in matters concerning the various interests of teachers? Perhaps another side of the coin is the administrator's problem in knowing how to say precisely what he does mean, especially since conditions may change between the time he makes his statement and the time when he implements it. And perhaps teachers are not always as candid as they might be. In addition, one colleague questioned the propriety of referring, in professional meetings, to teachers, sometimes even by name, as negative examples.

One of the largest areas of concern, judging by the number of responses I received in this area, had to do with problems of teachers, problem teachers, problem students, and teacher-student relations. Many of these, too, are shared problems--some with all of those who work with people, and some with those who teach in other areas; there are a few, of course, which are unique to the humanities. Of ethical concern are:

1. Teachers who believe that they should work only a minimum of time because of low salaries.
2. Teachers who use irrelevant materials.
3. Teachers who "teach their own things," emphasizing personal interests.
4. Teachers who do not complete the scheduled materials.
5. Teachers who use old notes--not keeping up in their fields.
6. Teachers who lack the ability and/or the desire to teach.
7. Teachers who work out their own personal problems at the students' expense.
8. Teachers who fail to realize that they are dealing with human beings and cover materials with no concern for the development (emotional, psychological, social) of the student.

In common among these "problems" is the attitude of the teacher toward his course--and toward his students. Teachers who would not "grow old in the game" must continually put forth considerable effort to grow in their fields of expertise and, perhaps just as importantly, grow in neighboring fields of knowledge--if not as experts, then as well-educated persons aware of the growth of knowledge in general. The chemist, for example, should be challenged by an article with the following title: "Is chemistry just underdeveloped physics?" (Chem-tech, November, 1977, p. 659). Interdisciplinary studies should be sine qua non for every teacher,

at least for his desultory reading--and every teacher should have time for such reading. Teachers should be encouraged not only to read widely and outside of their limited fields, but also to take courses of interest at nearby schools. One problem with that has been that teachers are so concerned to take courses toward higher degrees--and there, the self-pressure, if not immediate job pressure, has been great because of possible advancement--that they have no time for courses that "do not count." But not everyone wants, or can afford the time for, an entire semester course in every subject in which he is interested. I have recently participated in a National Science Foundation Chautauqua-Type Short Course relating biology and ethics (particularly the ethics of some of the new biological discoveries and procedures), entitled "Recombinant DNA: Social and Scientific Perspectives." The course required a total of four days--two in November and two in March. I come from it neither as a professional or accomplished biologist or ethicist, but I am enriched from the exposure to expertise in both fields and from listening to the ideas of, and interacting with, my colleagues in several fields, engaging and evaluating a new field of endeavor. Specifically, it should enrich my introductory course in philosophy. Short courses and opportunities of this type have become increasingly available in recent years, but perhaps more tailoring is needed to fit the courses to the teachers and the teachers to the courses.

Teachers should be concerned not only with subject matter but, perhaps even more importantly, with the people they teach--the students. Here the age-old problems of teachers and students manifest themselves: should students be considered and treated as fellow adults in the search for knowledge, or only partly so, as they are still unformed and unmotivated enough to be responsible for developing their own initiative? Or must we prod some students and simply point out general

directions for others? Where, in general, should motivation be found? In the intrinsic curiosity of each student? Or in the challenge of a superb presentation of the teacher? Or in the subject matter itself? Or in the interaction of two or three of these? How, for instance, can English 101 be made interesting to a group of students who, for the most part, do not like to write and see no need to learn? Is there an ethical responsibility on the teacher to make the material glow, especially for students who have not yet learned to control the past participle, for example? And what happens to the interest of each student and of each class when all are treated as equally capable? Should there be tracks? Why lose so many students--or their interest--by inhomogeneous grouping? How far should teachers have to step aside--or "bend over backwards"--to make courses interesting for the least able students in a class if they are not grouped according to ability? But if courses are tracked, what is the meaning of a grade in one compared to a grade in another? Just how should a service course be designed to meet the needs of both terminal (two-year) students and those who plan to continue their education? Harvard's recent emphasis on an expanded core curriculum in the humanities gives us leadership in turning out more than just skilled technicians; however, the time demands of accelerating technologies continually make inroads on the remaining humanizing elements in the core curriculum. By what ethical principles shall we determine how to graduate all, even the one and two year technicians, with a humanely balanced education?

Related to the above "tracking" concerns is the question of grading. What is the meaning of a grade? Once a grade meant, at least so I suppose, that a student had evidenced a certain degree of competence in a particular course. Although there might be some, possibly hidden, disparities from school to school, the system was workable given the relative uniformity of students entering college.

But now, with the inclusion of students of various scholastic abilities, especially in open-door colleges, some institutions have found themselves subject to grading pressures, sometimes simply to survive. But, of course, grades are not necessarily the predictors of success that they are often thought to be. I recall my surprise at learning that one of my former students (in another, a four-year college) had received his Ph.D. from a university. His English had been sub-standard, but apparently the goal was attractive enough to force him to perform adequately. Still, we are faced with the question of grades. Are they, or should they be, sticks? Or carrots?

The humanities share many of the aforementioned problems with the other fields of scholastic endeavor, and to some extent with other professions and other areas of work. But there are ethical concerns which are unique to, or emphasized by, the humanities. Two of these have to do with the teaching of values--ethics itself or ethics in other subjects--and the teaching of religion. One colleague asked how, for example, the book of Job should be considered. As a dramatic poem or a work of revealed scriptural truth? Perhaps a question of this sort is more acute in a religiously conservative community such as ours, but to be fair to all students everywhere, this question of encountering and dealing with religion should be dealt with universally. It is highly questionable ethically to destroy or injure the religious values of a student without both giving him a real alternative, with equal values to meet his needs, and a live option between value systems. Besides the above, the ethics involved in the teaching of religion or religious literature and the ethics involved in the teaching of ethics as a subject is worthy of mention. If the teacher is totally objective, the subject may tend to become for the student rather academic, i.e. of less than vital concern, and the teacher may appear as a "bloodless" model, or no model at all.

If the teacher shows bias in his own direction, or by attempting to "lean over backward to be fair" shows negative bias, students may react against him (and it).

Another major area of concern for the teacher of the humanities is the area of plagiarism. No teacher can have read all of the possible sources which a student might find a copy or paraphrase. This problem is perhaps more prevalent in English than in most other subjects. Some schools have approached this from the point of an honor pledge and an enforcing council of students and/or faculty. Penalties may range from a reprimand to expulsion. The one occasion on which I decided to use such pressure, however, has been a point of regret ever since. Showing a part of a test answer which appeared to have been copied from a source book to a dean of the college at which I taught, I soon found that repercussions from the incident got out of hand; finally I was interviewed by an FBI agent concerned with the matter because the girl in question had made an application for the Peace Corps. There must be more gentle ways of dealing with either intentional or unintentional plagiarism. My present approach is to assume that freshman lack both the knowledge and the skill to use literary sources properly. They are required to write rough drafts of their term papers; this affords student and teacher the opportunity to eliminate improper use of sources.

Final ethical consideration should be given to breaking copyright and to its first cousin, cheating--directly using another student's work. One complaint I received concerned "humanities professors who exploit the research efforts of their students by incorporating their work into publications the professor alone gets credit for." I do not suppose that this is a live issue with the Hagerstown Junior College faculty--I am not aware of books in progress at this time (though I may be mistaken) and there are few students here capable of doing first-rate, meaningful research. But on the national scene, plagiarism of this kind might well be a real problem.

However, the issue of using and duplicating published materials for classes is certainly live. The alternative to making each teacher an expert on the new copyright law is to have a resident expert. And so, one or two persons have been so designated. The restrictions do, to some extent, interfere with the free access and use of materials by the instructor in his teaching, necessary as those restrictions may be to protect the rights of the author. Here, too, is the side ethical issue of whether or not ethical implications are completely determined by the legal restrictions, the law of the land.

As for cheating, that is always and everywhere a possibility and a problem to be faced. The teacher can either make a moral issue of cheating, should it occur, and discipline the student, or he can require that the student produce the same, or equivalent, work under more carefully controlled conditions so that cheating cannot occur. Although a nuisance, the latter method probably is to be preferred because of the lesser personal confrontation and bad will engendered toward the school and all concerned. No doubt many teachers would disagree.

We must keep in mind not only the content of the courses we teach, but also the necessity of communicating that content well and the needs of the students who learn from us. While the humanities are not always perceived as containing the crucial and immediate either/or elements of nursing, or the instant vocational significance of the sciences and business, they involve in their content more far-reaching goals, values that may last a lifetime. But the humanities share with all teaching areas the ethical requisites of doing the job well and meeting our students and colleagues fairly.

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